

Part 2 never received

County Bolivar
 Permit # GW43652
 Driller Clarence W. Murry
 Date drilling completed 1-12-10

3/13
State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225
 (601)961- 5210
 (601)961- 5228 (fax)

For Office Use Only
 Aquifer O 139
 Well # _____
 I. S. Elevation _____
 E-Log # _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well)	Well or Borehole Location
Owner Name <u>Larry Davis Farms</u>	Latitude <u>N 33° 39' 23.78"</u> Longitude <u>W 90° 55' 09.47"</u>
Mailing Address: <u>3079 Linton Rd.</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Shaw</u> MS <u>38773</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	<u>SW 1/4 NW 1/4 Sec 22 Twn 21N Rng 7W</u>
Telephone No. <u>(662) 754-5134</u>	Distance _____ Direction _____ Nearest Town _____
	Miles _____ of _____

Well / Borehole Data

Date drilling started: 1-12-10 Date drilling completed: 1-12-10 Hole depth: 150' Hole diameter: 26"

Location of the source of any surface water used for drilling: Near by Well

Method of dosing and volume of Chlorine used in drilling and development: _____

Logs run (circle all applicable): no log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____

Seismic Survey _____ Other (describe) _____

If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home _____ Industrial _____ Public Supply _____ Irrigation Fish Culture _____ Other: _____

If a flowing well, method of flow regulation: Valve _____ Other (describe) N/A

Static Water Level: _____ feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Well depth: 150' Well grouted to a depth of 10 feet Type of grout (circle one) Neat Cement Bentonite Mix

Casing length: 103 feet Casing diameter: 16 inches Type of casing: PVC

Screen length: 47 feet Screen diameter: 16 inches Type of screen: PVC

Screen slot size: .050 inches Setting depth: From 103 feet to 150 feet

Type of completion (circle all applicable): gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): _____

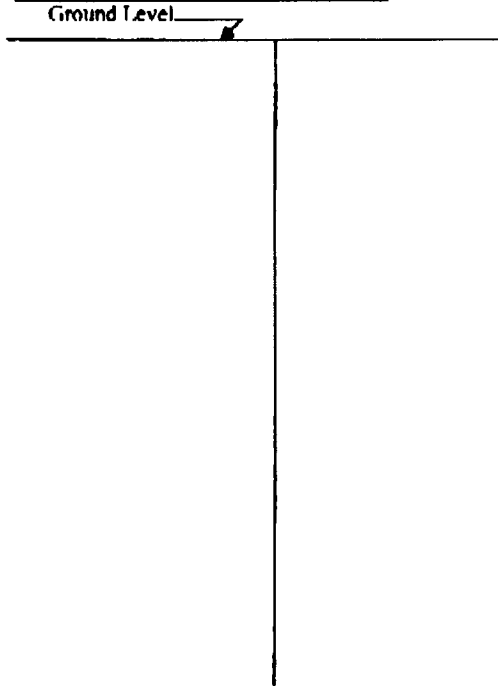
Top of lap pipe or reduction in casing: N/A feet. *If telescoped or more than one screen, describe on next page*

Well Only

0 139

The sketch below only required for water wells

If well telescopes, show depths on sketch.

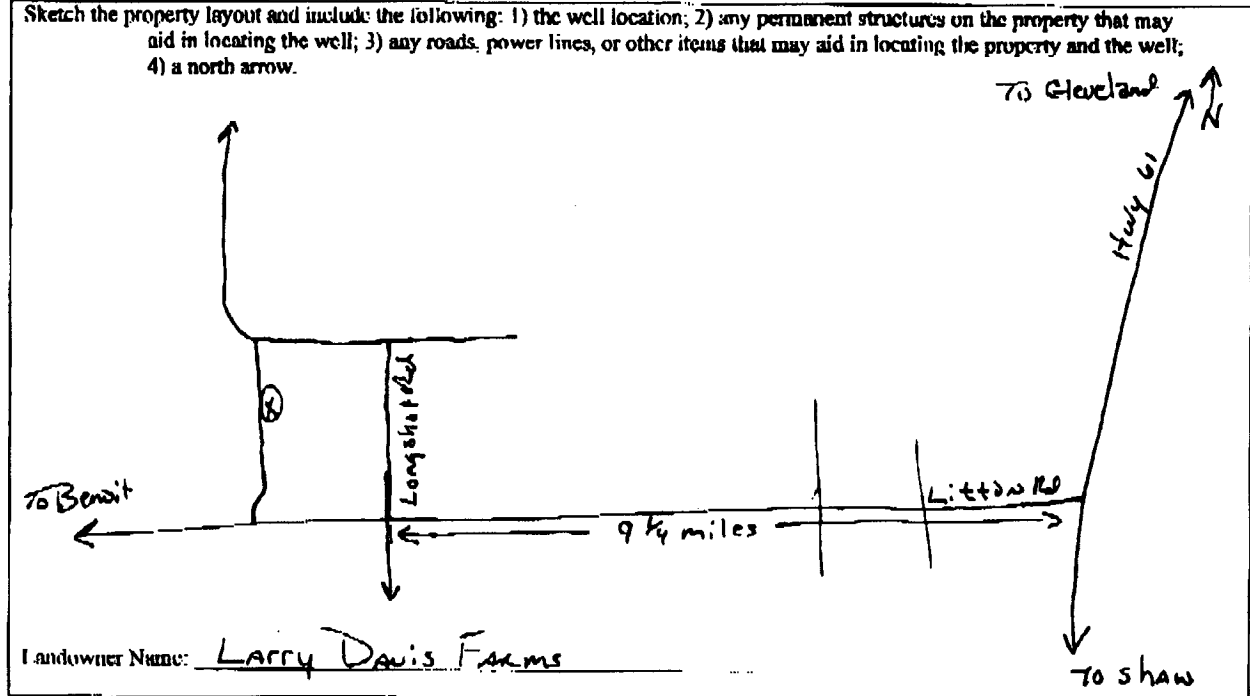


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

Description of Formations Encountered	From (depth)	To (depth)
Clay	Ground Level	20
Fine Sand	20	45
Fine & Medium Sand	45	50
Medium Sand	51	65
Medium Coarse & Gravel	66	70
Coarse Sand & Gravel	71	85
Fine Sand	86	94
Fine Medium Sand Mix	95	97
Fine Sand	97	101
Medium Coarse Sand & Gravel	101	105
Coarse Sand & Gravel	105	112
Fine Sand	113	117
Coarse Sand & Gravel	117	150

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



Landowner Name: LARRY DAVIS FARMS

Form: OL WR-SWR-1A (04/08)

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Clayton Miller 0-703 1-15-10 Clayton Miller
 Print Name of Responsible Licensee and License No. Date Signature of Licensee